

# Key inspection report

CARE HOME ADULTS 18-65

**West Bank Care Home**

**21 Crow Tree Lane  
Bradford  
West Yorkshire  
BD8 0AN**

*Lead Inspector*  
Tony Brindle-Wills

*Key Unannounced Inspection*  
6th November 2009 10:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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# SERVICE INFORMATION

<b>Name of service</b>	West Bank Care Home
<b>Address</b>	21 Crow Tree Lane Bradford West Yorkshire BD8 0AN
<b>Telephone number</b>	01274 547864
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<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Mr Sariff Jomeen
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	10
<b>Category(ies) of registration, with number of places</b>	Learning disability (1), Learning disability over 65 years of age (1), Mental disorder, excluding learning disability or dementia (5), Mental Disorder, excluding learning disability or dementia - over 65 years of age (3)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**            15th October 2008

## **Brief Description of the Service:**

West Bank is a care home for adults who are recovering from a mental illness.

A lounge and kitchen/dining room are situated on the ground floor. Two bathrooms and three single toilets are situated over the three floors.

The home is close to public transport and some parking is available within the grounds. There is a large garden with a summerhouse, which can be used by people living in the home.

The weekly fees are the local authority/health care trust rates. Some of the extras charged for include transport, clothing and personal expenses.

# SUMMARY

This is an overview of what the inspector found during the inspection.

People using this service experience **adequate** quality outcomes. This service has been awarded a one (1) star quality rating.

We did an unannounced visit to the service. On the first day of our visit we were there for 6 hours. We returned to the service 48 hours later, and stayed for 2 hours, in order to access records that were unavailable to us on the first day.

The manager of the home, who is also the Registered Provider was not present during our visits, as he was on holiday.

On the first day of our visit we gave the staff an immediate requirement to improve the storage arrangements for the medication as the locking mechanism on the medication cupboard was inadequate. Upon our return a second lock had been fitted to the cupboard which improved its security.

On the second day of our visit, we were able to access the personnel records of the staff team. We had not been able to gain access on the first day as the staff believed they did not have authority to open the personnel filing cabinet. After discussion with the home's administrator, authority was given to the staff for the cabinet to be opened so that we could assess the staff records.

Whilst we were there we looked at the following records: care assessments and care plan files, care reviews, staff training records, staff meeting minutes, health and safety records. We spoke to all the people who live at the home. We also spoke to 3 members of staff, and the home's administrator over the telephone. We gave surveys to the people who use the service, their relatives, and professionals with an interest in the home.

We spent some time observing the practice of the staff and how people at the home engaged with each other and the staff team.

We made a request for an Annual Quality Assurance Assessment (AQAA) prior to our visit, which the manager completed and sent back to us in time for our visit. We used this document to cross reference a variety of information and evidence we gathered while visiting the service.

We have reviewed our practice when making requirements to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

## What the service does well:

Prior to moving into the home, people have their needs assessed so that staff are aware of them. People live in a clean home and their healthcare and medication needs are met. Care plans help the staff to meet the basic needs of people. If people have concerns with their care, they know how to complain. There are basic safeguards in place to protect people from abuse, neglect and self harm. People's needs are met by a staff team that has received training and supervision.

## **What has improved since the last inspection?**

To make sure people who work in the home are safe to do so, a new Criminal Records Bureau (CRB) and Protection of Vulnerable Adults (POVA) register check is now obtained before people are allowed to begin work. This relates to a requirement that was made at the last inspection.

## **What they could do better:**

The lines of accountability within the service are not clear. A person centred approach to the way the home is run is needed in order to improve outcomes for people.

A move away from task centred work should take place, and improved levels of staff communication and interaction with the people living at the home need to be fostered.

Consultation with people about how to improve the décor and action to make these improvements is needed.

Developments in the systems for dealing with aggression and violence need to take place. Record keeping in relation to complaints needs to get better.

Staff practice needs to change so as to promote people's dignity and privacy.

The provision of opportunities to take part in a variety of meaningful activities for people both inside and outside of the home is needed as only people's basic social and lifestyle needs are met.

Greater emphasis on person centred planning, positive risk assessments, motivational techniques and the involvement and inclusion of people in their care and support is needed, as it would lead to people's care needs, goals and aspirations being identified and quality of life improved.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# **DETAILS OF INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

## The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

2

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prior to moving into the home, people have their needs assessed so that staff are aware of them.

### **EVIDENCE:**

The records held at the home show that there have not been any permanent admissions in the last twelve months.

The staff explained that a short term care (respite) service is offered and that the people who use it are people who are known to the service. One staff member said that when people are admitted for respite, the information about the person's needs is reviewed. The staff said that any changes to the care and support the person needs are put into the care plan so that the staff are aware of how to work with this person.

The staff explained that when someone is considering moving into West Bank, they are provided with information about the home such as a Statement of Purpose, to help them make a decision. They are also invited to visit as often as they wish and stay for short periods so that they get to see what the home

is like, meet the other people living there and the staff that would be supporting them.

The staff added that the manager would undertake an assessment of the person's needs, and would use a adult social services' assessment (if available) to make a decision about how the staff at West Bank can meet the person's needs.

People who responded to our survey did not comment on how they had been supported to make a decision to move into West Bank. Two people living at the home were spoken with and they said that they had visited the home prior to moving in and thought it was nice so had decided to move in on the recommendation of their community nurse.

## Individual Needs and Choices

### The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

### The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 and 9

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A lack of emphasis on person centred planning, positive risk assessments, motivational techniques and the involvement and inclusion of people in the care they receive means that people's care needs, goals and aspirations are not fully identified.

### EVIDENCE:

We looked at four individual care and support plans. The plans contained some personal information such as a brief life history, and some information about people's likes and dislikes in relation to their diet.

Staff at the home said that everyone is supported and encouraged to make their own choices about how they lead their lives. They said that the care plans reflected this and showed that people are supported to achieve their goals. The

care plans did not contain a lot of information about people's individual goals or aspirations, and the daily records do not contain information to show how people had been encouraged to make their own choices: they contained factual information such as when someone had got up, if they had eaten a meal, or what they had done during the day.

We found information in people's files about managing finances. The assessments showed that for people who could not manage their own finances, arrangements had been made by the Registered Provider to do this on their behalf. We asked a staff member about this, and were told that all the bank books are kept at West Bank's sister home, and that when people want money for their own bank accounts, they need to make a request to the manager/provider, and he liaises with the sister home, and either goes to the bank himself, or asks the person to go with him. We asked two people about this, and they confirmed that their books are looked after by the manager/provider. As the bank books were not on the premises we could not determine if the accounts were in the names of the individuals living at the home. However, one person believed that their bank account was in their own name. When asked, the staff also believed people's bank accounts were in their individual names. We have since been informed by the provider that the bank books for people living at West Bank are kept at the home and always have been.

The staff explained that people get a personal allowance every week which is held at the home. The staff said as the provider was away on holiday; four weeks of personal allowance had been sent to West Bank and was being held for the people at the home. We found records of this, however, there were no balance sheets to show when money had been given to people at the home. We asked if people could access their bank accounts whilst the manager was on holiday, and the staff said "no" as the provider is the only person with authority to access the bank accounts. When asked what the situation would be if someone wanted to purchase something using money from their personal bank accounts whilst the provider was on holiday, the staff said the person would have to wait until he returned.

Staff at the home said that unless there are legal reasons for people not to do so, they can carry out their own financial business and can control their own money and personal belongings.

Staff at the home said that where any activity involves a potential risk, an assessment is made and plans are put together that show how to minimize the risk. We saw evidence of risk assessments in people's files and these were found to be satisfactory. We found evidence to show that the assessments are periodically reviewed and kept up to date. However, where we expected to find risk assessments for things such as the risk of falls, medication, aggression and specific mental health issues, none could be found.

After asking four people if they had been involved in putting together their own care plans and risk assessments, we found that people were unaware of what a care plan was, and also unsure about risk assessments. When we explained what they were, and how they were completed, the four people said that they had not been involved in any activity such as putting together a personal plan; the setting of goals; discussions of aspirations or the assessment of risks.

Observations of, and conversations with the staff, confirmed that they do know the people who live at West Bank well. The staff said that they do all they can to promote people's independence and autonomy, but added that some of the people who live at West Bank are difficult to motivate. When we asked if there are plans in place to try and encourage, motivate or stimulate people's interests, the staff said "No. Just basic plans such as helping people in daily life with getting up, health issues, finances and personal care." A look at the care plans confirmed this.

Staff at the home said that people have a named member of staff (key worker), who helps to put together a personal plan with each person. They added that the key worker checks the progress of the care plan, reviews it, and helps the person put together goals for future achievement. However, we could not find any evidence to support these comments. Staff members said that people can discuss their needs at all reasonable times with their key worker.

Staff members said that people are supported to complete the aims set out in their personal plan, and they are given information about the choices that are available to them when attempting to realise these aims.

They added that if people need an independent representative or advocate then they are provided with information about how to access these. They added that they would help people to access the local advocacy service if they couldn't do it themselves. Several people at the home said that they were aware of the existence of the advocacy service.

From talking to the people who live at the home, the staff and through reading the care plans it was not clear that everyone's personal choices were being supported as there were several discrepancies and contradictions between what people said and what was recorded in people's plans.

## Lifestyle

### The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

### The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

12, 13, 15, 16,17

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's basic social and lifestyle needs are met, however opportunities for further personal development are limited.

### EVIDENCE:

People at the home said that the food was good and that their individual choices and dietary needs are catered for. One staff member said that having a choice about food and meals is very important.

Staff at the home said that they knew different people's food choices and preferences. We looked at the menu and found that it reflected the

preferences people had told us about. People said that they can have snacks and hot and cold drinks whenever they like. The following is information from the manager/provider's AQAA regarding meal preparation – "The food preparation kitchen is situated in the basement and therefore preparation of meals does not impinge on residents' ability to make their own drinks and snacks at any time." When asked if they would like to make their own meals in order to develop skills and enjoy the experience, three people at the home said that they thought it was a good idea, and one person did not.

A staff member said that if people are seen to be eating or drinking too much or not enough, then they will talk to that person in order to find out how they are. If it were the case that someone needed help or support in relation to their diet, then the staff would support that person to seek advice from a dietician or their GP.

The meal that was given to people was seen to be well prepared and nicely presented. The service has recently been awarded four out of five stars for its food handling and kitchen cleanliness from the local environmental health officer. The staff said that people are free to eat their meals wherever they like, for example in their own room or in the dining room, and that they can eat them in their own time. However, this was contradicted by three people at the home, who all said independently to each other, that meals have to be taken in the upstairs kitchen and at the time stated by the staff.

One person explained that they had recently bought some fireworks as it was close to Bonfire Night, and that they were organising a firework display. Other people at the home said that they were looking forward to seeing the fireworks; however, one person said they would be staying in their room as they didn't like fireworks at all.

People's personal plans gave us information about different activities that people take part in. Some people go out to day placements or local groups, others go shopping or visit family members, and others stay at the home.

One person talked about how they try to keep up relationships with friends and how the staff support them to do this by arranging visits or making telephone calls.

Several people said that how they spend their day is up to them. One person said "There's not a lot to do at the home apart from listen to music, smoke and watch TV". Another person said that they go out to a local support group from time to time, and spend a lot of time in the city centre window shopping. Another person said, "The staff cook, clean and wash, but don't really help me to go out or doing anything outside the home."

With reference to how the service hopes to improve the lifestyle opportunities for people, the provider's AQAA stated, "Encourage peoples to broaden their

horizons and try new hobbies and activities. Perhaps introduce different board games and jigsaw puzzles to stimulate their minds.”

## Personal and Healthcare Support

### The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19, 20

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's healthcare and medication needs are met; however, people's dignity would be further promoted if the staff were to adopt a person centred approach to their work.

### EVIDENCE:

People at the home said that they are helped to access the local healthcare services, and that if they need help with an appointment then the staff will go with them to it. One person said that they regularly go for a healthcare appointment alone, and the staff explained that encouraging people to do things independently is important.

People at the home said that they are helped by the staff to access community healthcare services, for example, community psychiatric nurse and GP

services. Staff at the home said that if the care plan reviews that they undertake show that people need health advice from their GP, community psychiatric nurse, or other member of the primary care team, then they will arrange this.

People at the home said that they can see their GP or healthcare professional in private. Staff at the home confirmed this.

Staff at the home said that people are assessed to see if they are able to manage their own medication. If the assessment shows they are not, then the staff manage and administer it for them. We checked the medication held at the home and found the records to be in good order, however, the cabinet in which the medication was stored was found to be inadequate. The cupboard is located in the dining room, and the lock fitted to it was not found to be strong enough to keep the cabinet locked when the door was pulled with only a small amount of force. The staff at the home said that in the past people living at the home have pulled the cabinet open when angry or upset over something. With this in mind we gave the staff an immediate requirement to provide suitable safe arrangements for the medication. We returned to the home 48 hours later and found that an additional lock had been fitted to the cabinet which made it safe.

We asked the staff what would happen if someone chose not to take their medication as directed. The staff said that they would discuss people's reasons for this and look at ways they could be encouraged to take the medication as directed. They added that they would record this in the person's care file. If they continued to refuse to take their medication, then a call would be made to the GP or community nurse to discuss the issue. We looked in people's files to see if any care plans or risk assessments were available regarding the refusal to take medication as directed and none could be found.

Two people who were spoken with said that they had control over who goes into their room or living space, adding that the doors have a locking system that they can use but that the staff can open it if there is an emergency. Staff members showed us around the house, and on no occasion did the staff knock on any bedroom, toilet or bathroom door before entering it. On one occasion someone was sitting on their bed listening to music and the staff member just walked right in and introduced the person to us. One person said that there is a pay phone and they can make and receive phone calls whenever they like, but because the pay phone is on the corridor, it is sometimes difficult to make and receive calls in private.

Three people who were spoken with said that they are free to come and go as they please, and the staff confirmed this, adding that people's movements are only restricted if specific risk assessments are in place. Staff at the home said that there are no restrictions placed on the time people get up or go to bed. People at the home confirmed this.

One person explained that the staff help them with intimate physical care, and that this is done sensitively and in private.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

22 23

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Inadequacies in the systems for dealing with aggression and violence, and dealing with safeguarding issues potentially puts people at risk.

### **EVIDENCE:**

We asked four people if they felt confident that they lived in an environment that was free from bullying or harassment, and any other form of abuse. Each person said independently that they felt comfortable and not bullied, however, they did say that people in the house sometimes fall out and argue and shout at each other.

When asked how these incidents are resolved they said that the staff usually intervene and try and calm people down. The staff said that they do not use restraint at all, and added that they have not received training in the use of restraint, but had had training in how to deal with aggression and violence. When asked about how they apply their training to their work, one staff member said that they tried to re-direct people if they were becoming aggressive or violent.

The care plan of one person stated that the staff should contact the local mental health co-ordinator if they were having problems managing that person's behaviour. When the staff were asked if there would be any actions they would take before contacting the mental health co-ordinator they said yes, "we would intervene and re-direct"; this information was not in the care plan. When asked about aggressive or violent incidents the staff said that if situations get "out of hand" then the police would be called. Again, this information was not in people's individual care plans files or risk assessments.

One person said that the staff treat them in a polite manner and that if they need help with something, then their request is usually dealt as soon as possible. When asked if there are times when requests for help or assistance or not dealt with quickly or in a timely manner, this person said, "There are a lot of times when the staff are in the kitchen which is in the cellar, doing the cooking, and if you want someone to help you then you have to wait for them to come upstairs because the cellar door is locked and we aren't allowed downstairs."

Two people who were spoken with said that they feel that they can freely talk about any concerns or issues they have with the staff and the management team. They added that they knew how to make a comment or complaint to the home about the service, and they were also aware of the fact that they could speak to their social worker or the Commission if they wanted to complain. Staff at the home said that they had not had any complaints since the last inspection. However, the Commission is aware that one former resident of the home, had recently raised a complainant with the provider of the service. No record of this could be found in the home and as the provider was on holiday, we could not discuss the issues with them.

We asked the staff if there had been any adult protection training or safeguarding training offered to them and they said they had some last year and that an update had been organised. A check of the training records confirmed this.

We asked the staff what they would do if they suspected abuse was taking place or if any allegation was made. One staff member said that they would speak to the manager/ provider and let him deal with it. Another staff member said that they would make sure the person involved was safe. When asked if they would do anything else (such as report the issue to the safeguarding team, make good records, ensure the victim and perpetrator were kept apart), the staff's response indicated that they did not understand adult safeguarding procedures, as none of this formed part of their reply to the question. When asked what they would do whilst the manager/provider was on holiday the staff said they would contact the home's training officer and tell them about it. When asked why this person would be the best person to speak to, the staff's reasoning was because this person worked for Bradford Council, and was aware of what action to take if safeguarding issues arose. We noted that the

staff had that day and on several occasions, tried to speak to the training officer over the telephone as they wanted to ask about accessing the staff personnel records. The training officer had not returned their calls.

# Environment

## The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

## The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

24 30

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a clean home and consultation with them about how to improve the décor and action to make these improvements is needed in order to improve outcomes.

### **EVIDENCE:**

We looked around the house and found it to be a large detached house set within its own gardens. There is a summer house in the main garden that is used by the people who live there.

The house feels homely, however, the lighting was found to be very dull which made the interior feel very dark and dismal. The staff said that low energy light bulbs are used throughout the house and they are encouraged to turn the

lights off when they leave a room. When asked if this applied to the corridors as well, they said yes. We asked people how they felt about the home and it's interior. Three different people said that the light is very poor, and when it's dark they need to be careful when they are walking around. Another person said, "The bedrooms need sorting and the carpets are very old fashioned. I think it (the home) should be redecorated as it is very dim and drab. It gets me down."

We spent some time in the main lounge talking to people and noted that some of the sofas appeared to be sagging. One person said that they always sit in the same chair because the others are uncomfortable

Two people share a room, and we asked them if they were happy doing this. They said they were and explained that they signed a document confirming this. This was found in their files.

The home was found to be clean, and the correct infection control measures such as hand wash basins, paper towels and soap were found to be in place.

However, we noticed in the upstairs bathroom a cupboard with a number of towels in. We asked three people who lived at the home if the towels were for communal use, and they said "yes". When asked if they owned their own towels, they replied "no". One person said, "If you need a towel you use those in the bathroom". When we asked the staff about this institutional practice, they didn't seem to see it as a problem. One staff member said, "Everyone has access to the towels if they need them, they just have to get them out of the bathroom".

## Staffing

**The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

**The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

32 34 35

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

An emphasis on task centred work leads to people being isolated as there are poor levels of staff communication and interaction with the people living at the home.

### **EVIDENCE:**

On the first day of the inspection, the staff explained that they did not have authority to open the filing cabinet that contained the staff training and recruitment files as only the manager had authority and he was on holiday.

On the second day of the inspection visit we gained access to the staff recruitment and training files.

Staff at the home said that there is a low staff turnover, adding that the staff team is shared between West Bank and its sister home. The AQAA stated that

the "recruitment procedure is robust" and that "no staff are employed without references to ensure the safety of the people living at the home".

We looked at all the staff personnel files and found records to show that the staff had completed an application form; that the provider had undertaken checks such as criminal records bureau and protection of vulnerable adults list checks; that interviews had taken place and that people had undertaken an induction to the service. We found that that three people had given a full employment history and that references had not been sought from people's employers. Instead, the provider had accepted references from employees who had worked alongside the applicant. However these staff were employed some years ago and references are now obtained from past employers for all new staff.

The staff rotas showed that the staffing levels consist of 2 or 3 staff working on each shift (depending on which day it is) supporting 10 people with very differing needs and abilities.

The staff training records contained information to show that the staff have been involved in a number of training courses specific to the work they do. These included fire, health and safety, moving and handling, safeguarding, control of substances hazardous to health and information control. When asked about the training, the staff said that they take part in it on a regular basis. We noted that training in understanding mental health issues had not been undertaken despite the home being registered to cater for people with mental health issues. The staff who were spoken with confirmed that they received formal supervision on a two monthly basis, and this was confirmed with information contained within people's personnel records. The AQAA states that the company's training officer has taken on responsibility for supervising the staff.

The records show that more than half the staff have a relevant NVQ II qualification in care. People living at the home had nothing but praise for the staff team. This was supported with comments made by people who completed our survey which included: "the staff are great" and "the staff always want to do their best for people".

During our observations we noticed that the staff did not communicate with the people at the home for long periods of time. Their communication centred on information giving; asking people what they would like for tea or if they would like a drink. At one point people at the home were sitting in the lounge with a staff member, and the staff member asked a resident to go and check that another resident was ok. This person got up and left the lounge and returned saying that the other person was fine. During this time, the staff member continued to sit in the lounge and watch TV. We have since been informed that this staff member was on a break, however if a resident needs

to be checked then this action should be carried out by staff. It is not appropriate for staff to ask residents to carry out checks on other residents.

## Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

37 39 42 43

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The lines of accountability within the service are not clear. A service led approach to the way the home is run means that positive, person centred outcomes for people are reduced.

**EVIDENCE:**

The service does not have a registered manager. The provider of the service informed the Commission in November 2008 that he would register as the manager; however, he has not done this. The staff explained that the senior care staff were in charge of the home, and if problems arose, advice was

needed or management issues needed to be dealt with, then they would contact the company administrator, or the home's training officer. When asked if there were any other managers available, they said no as the manager of West Bank's sister home was also on holiday for 4 weeks.

Staff at the home said that feedback is sought from people at the home and other stakeholders about the quality of the service. People at the home confirmed this, saying that they fill in a questionnaire once a year. These were found in people's files. Only one person said that they did not like the home, and wanted to move out as they wanted their own place. The records show that the person did move out and is now living at West Bank's sister home.

We found that they are systems in place relating to the use of techniques for moving people and objects that avoid injury to people; the staff have training in fire safety; however, we found a number of fire doors being propped open. The staff said that this only occurs when they vacuum clean the carpets; however, people at the home said that a number of doors are regularly propped open so that people who use walking aids can get around the house easily.

Staff have training in first aid, and discussion with them about incidents that may occur in the home showed that they have a basic working knowledge of how to deal with accidents and health emergencies. Food hygiene procedures were seen to be followed with food being correctly stored and preparation of food done in a hygienic manner.

After discussions with the people at the home, the staff and through our observations, we had concerns about the security of the premises as the back door was seen to be left open nearly all day to allow people who smoked to exit the building. One person said that they were worried about intruders coming into the house. A staff member also expressed a concern about this, as they said that intruders had come into the house in the past and tried to break into the medication cupboard in the kitchen. With this in mind, we asked that greater attention was paid to the security of the building. On our return visit 48 hours later, we found the back door locked. People at the home said that they had been locking the door after they had been out smoking. One person said that they felt happier now that the door was being closed.

Through discussion with the staff at the home and the company's administrator, we found that the lines of accountability within the home, and with any external management, are not clearly understood by staff. The home's administrator said that they did not have authority over the staff to give them permission to open the staff filing cabinet; the staff said that only the manager had authority but had been seen to open the cabinet to access money; and staff were unsure as to who to speak to in the event of an incident at the home whilst the manager was on holiday.

Discussions with the staff showed that they had some limited understanding about the Mental Capacity Act 2005 and deprivation of liberty safeguards. Staff were not able to provide records to show that staff had received this training.

We found that all sections of the provider's Annual Quality Assurance Assessment (AQAA) were completed and the information gave us a reasonable picture of the current situation at the home. We found some evidence to support the comments made in it, although there were areas where more supporting evidence would have been useful to illustrate what the service does well, or how it is plans to improve. Although the AQAA states that people live a positive life, with opportunities created to develop and live life to the full, the evidence we obtained while at the home indicates that our view of the service, and the people who live there, differs from that of the provider.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	X
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	1
<b>7</b>	2
<b>8</b>	X
<b>9</b>	2
<b>10</b>	X

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	2
<b>13</b>	2
<b>14</b>	X
<b>15</b>	3
<b>16</b>	2
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	2
<b>20</b>	2
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	2
<b>23</b>	2

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	2
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	2
<b>33</b>	X
<b>34</b>	2
<b>35</b>	2
<b>36</b>	X

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	2
<b>38</b>	X
<b>39</b>	2
<b>40</b>	X
<b>41</b>	X
<b>42</b>	2
<b>43</b>	2

No

Are there any outstanding requirements from the last inspection?

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	YA6	15	Consultation must take place with people at the home about the content of their care plans. The inclusion of people in the care planning process will enable people to take control of the care they receive.	28/01/10
2	YA7	17 (2) Sch 4 (9)	People must be given opportunities to manage their own finances; where support and tuition are needed, the reasons for, and manner, of support must be documented within the person care plan.	28/01/10
3	YA9	13	Specific risk assessments must be completed so that provider ensures that any activities in which people participate are so far as reasonably practicable free from avoidable risks; and that unnecessary risks to the health or safety of people users are identified and so far as possible eliminated.	28/01/10
4	YA12 YA13	16 (2)(m)(n)	Consultation must take place with people regarding taking part in age, peer and culturally appropriate activities. Creating opportunities for people to take part in these activities must take	28/01/10

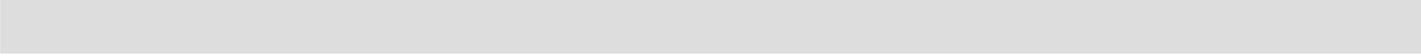
			place.	
5	YA16	12 4 (a)	Suitable arrangements must be made to ensure that the care home is conducted in a manner that respects the privacy and dignity of the people living there. Staff must ensure that they knock on people's bedrooms doors before entering.	28/01/10
6	YA22	22	A record of all complaints made regarding the home must be maintained within the home.	28/01/10
7	YA23	13 (6)	Op to date safeguarding training must be provided to the staff team.	28/01/10
8	YA35	18 (1) (c)	A staff training and development programme that ensures staff fulfil the aims of the home and meet the changing needs of people living there must be provided.	28/01/10
9	YA42	13	The security of the premises must be maintained at all times.	28/01/10

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	YA6 YA7 YA9	The use of recognised person centred planning techniques, the involvement of the person and the identification and meeting of their goals and aspirations would enhance the outcomes for people living at the home.
2	YA6	The daily records should be specific to the activities of the person and give details of what they have done during the day, so a clear picture can be obtained.
3	YA19	The registered person should ensure that the emotional health needs of people at the home are assessed, considered and met by positive care planning and staff interventions.

4	YA23	Positive behaviour manager plans for dealing with violence and aggression should be developed.
5	YA24	Consultation with the people at the home should be undertaken so as to determine their views about the décor, seating and lighting within the home. Action based on these views should be taken by the manager.
6	YA37	The manager of the home should submit an application to the Commission for consideration to be registered.
7	YA43	The overall management of the service should ensure that the home is run effectively and in a person focussed manner. Clear lines of accountability should be understood by all concerned with the home.



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